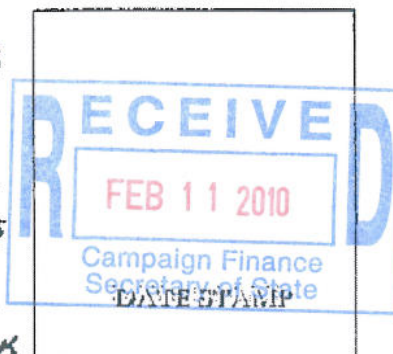


Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
Special Election

Name of Candidate Elvis E. Colenberry, Sr.
 Address 797 River Road P.O. Box 1173 Fayette, MS
 Telephone 601 597-9331 Fax 601 786-8437
 Contact Name Elvis Colenberry Email Colenberry@BellSouth.net
 Office Sought State Senator Political Party Democrat


☐ Check here if above is different from previous report

TYPE OF REPORT

- February 9, 2010 Pre-Election Report (January 1, 2010, through February 6, 2010).....Mandatory
 January 31, 2011 Annual Report (January 1, 2010 through December 31, 2010).....Mandatory
 Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized *	This Period	Calendar Year-To-Date
Total amount of contributions \$	+\$	\$ 5200.00	\$ 5200.00
Total amount of disbursements \$	+\$	\$ 5200.00	\$ 5200.00
Total amount of cash on hand		\$ -0-	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Elvis E. Colenberry, Sr.
Signature of Candidate

2-10-2010
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39206 or fax to 601-359-1499 or 601-576-2819.
 2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Elvis E. Colenberg, Jr. Page of
 Reporting period January 1, 2010 through February 1, 2010

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Cammie Hutchinson</u>	<u>01/04/10</u>	\$ <u>500.00</u>
Mailing Address <u>Fayette, MS 39069</u>	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>County Supervisor</u>	<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Isaac Colenberg</u>	<u>01/12/10</u>	\$ <u>500.00</u>
Mailing Address <u>Hwy 33 South</u>	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Fayette, MS 39069</u>	<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>Grand Gulf</u>	<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>Electrician</u>	Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Elvis E Colenberg, Jr.</u>	<u>01/01/2010</u>	\$ <u>4,000.00</u>
Mailing Address <u>P.O. Box 1193</u>	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Fayette, MS 39069</u>	<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>Baptist Church</u>	<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>Clergy</u>	Aggregate year-to-date	\$ <u>4,000.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Isaac Dudley Guice</u>	<u>01/04/2010</u>	\$ <u>200.00</u>
Mailing Address <u>Hwy 28 South</u>	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Fayette, MS 39069</u>	<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>Retired</u>	<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>200.00</u>